Wide Excision and Sentinel Lymph Node Biopsy for Melanoma

Here is important information about your treatment for melanoma. Your doctor has recommended surgery. This handout gives you information about what to expect during and after your surgery.

Wide Excision

The surgical treatment for melanoma is called a **wide excision** of the area. This procedure is done to remove the area of melanoma along with some of the normal tissue surrounding it, called the tissue **margin**. The size of the margin that needs to be removed depends on the thickness of the melanoma area. It is common with melanoma that a wide margin of tissue is removed to help prevent your cancer from coming back.

Sentinel Lymph Node Biopsy

You have lymph nodes in several places in your body. Lymph nodes are in your neck, under your arms, and in your groin. Lymph nodes help fight infection and are important to drain fluid. The **sentinel lymph node** is the first lymph node that filters and drains an area of cancer. If your first lymph node has cancer cells, then other nodes may also be affected.

A biopsy of the sentinel node helps your doctor find out if your cancer has spread to the lymph nodes. A biopsy is a procedure to remove a small sample of tissue. The goal is to find this first node and check it for cancer cells.

There are several steps done to find a sentinel node. A few hours before surgery, a tiny amount of a radioactive material called a tracer will be injected into the area where your cancer is located. It will track through your body to the lymph node area. After the injection, some pictures will
be taken to see where the lymph nodes are located. In the operating room, a blue dye will be injected into the area where your cancer is located. This dye will help to show the pathway and find the sentinel node. A special wand called a gamma probe will be used to track the tracer while in the operating room. The sentinel node will then be removed. A special doctor (pathologist) will examine the node to check if there are cancer cells present.

A final report will be ready in about 5 to 7 days after your surgery. Your doctor will talk with you about your results.

**Care After Surgery**

**Incision Care**
You will have 2 incisions after surgery. One incision will be made at the wide excision surgery site. The other will be an incision where the lymph node or any other lymph nodes were removed. The incisions will be closed and held together by stitches, special surgical glue or steri-strips (small tapes).

Your dressings will be removed on the day after surgery. Once your dressing is removed, you should gently wash the areas each day with mild soap and water, and pat dry. Your incision areas can be left open to the air while healing.

**Drain Care**
You may have a drainage tube put in during surgery. This will help prevent fluid build up around your wound. Keeping the fluids drained helps your wound to heal. A stitch will hold the tube in place. A container called a Hemovac or Jackson-Pratt will be attached to collect the fluid. Your nurse will teach you how to take care of the drain. You will need to empty the drain, measure the fluid and keep track of how much fluid is draining.

**Other things you need to know**
- Your urine may have a green tint to it from the dye used to locate the sentinel node. The dye should clear from your body within 1 or 2 days.
- Your doctor will order a pain medicine for you to use, if needed. If you use pain medicine, it is important to drink plenty of water to help prevent constipation.
Follow-Up

You will have a follow-up appointment with your doctor 1 to 2 weeks after your surgery. Your wound drain may be removed if it is no longer needed. Your doctor will talk with you about your results. If further treatment is needed, it will be discussed with you and planned.

If you have questions after you go home, call your doctor’s office.